2016 - 04 - 19 - 0M - 00067986

FE7AN014

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2016 A ROMO de OPO 9: 34

1.	NAME O	F TEE (in full)	TYPE OR	PRINT ♥		mple: If typ r the lines.	ing, type		4M5		
لــا	COM	IMUNITIES	APPLI	ED POL	ICY STF	RATEGI	ES		1 1 1 1		
ı		<u> </u>	111	11111		1 1 1 1	1-1-1-1				لبيب
ΑDI	ORESS (n	umber and street)	<u> </u>	54 Isley	Avenue			1 1 1	1 1 1 1		
▼	•	·	1			1 1 1 1					
	Che than repo	ck if different previously rted. (ACC)	L La	ıs Vegas				LNV	8914	7	4003
2.	FEC IDE	ENTIFICATION N	IUMBER V	, 	CITY 🛦			STATE A	<u> </u>	ZIP COL)E ▲
	C ₀ (570531			3. IS THIS REPORT	• •	NEW (N) OR	0	AMENDED (A)	- · · - · · ·	
4.	TYPE (Choose	OF REPORT		port i	Feb 20 (M2)		May 20 (M5)	0	Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Qua	rterly Reports:	Du	e On:	Mar 20 (M3)		Jun 20 (M6)		Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	X	April 15			Apr 20 (M4)		Jul 20 (M7)		Oct 20 (M10)		Jan 31 (YE)
		Quarterty Report ((c)	12-Day PRE-Electio		Primary (12	P) [Ge	neral (12G)		Runoff (12R)
	H	Quarterly Report (October 15	(Q2)	Report for t	- Table 1	Convention	(12C)	Spe	ecial (12S)		
		Quarterly Report	(Q3)				6 6 /	7777	~~~	in the	
		January 31 Year-End Report	(YE)	E	lection on		-	<u> </u>		State of	
		July 31 Mid-Year Report (Non-elect Year Only) (MY)	ion (d)	30-Day POST-Elect Report for the	7_7	General (30	G)	Rui	noff (30R)		Special (30S)
		Termination Report (TER)	t	·	lection on		0 0 0 /		· · ·	in the State of	
5.	Covering	Period C		1) 20	016	through	03]′[3	1 20	16	
l ce	ertify that I	have examined	this Report	and to the be	st of my kno	wledge and	belief it is tr	ue, corre	ct and comple	te.	
Тур	e or Print	Name of Treasur	er	Robert	Martin	nez					
Sig	nature of	Treasurer _	Uli	XIL	Z			Date	04] (2	. 5	2016`
NO.	TF: Submi	ssion of false, erro	neous or in	complete infor	mation may e	ihiect the no	rean cianina l	thic Pance	t to the negati	es of 50	00100 a 1211
		ice		Ampiete iiilon	nauon may St	iojeci ilie pe	ison signing t	uns riepoi		FOR	
l	Us			ļ						Rev. 12/20	

2016 - 04 - 19 - 0M - 00067987

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Schedule C and/or Schedule D)

Write or Type	Committee	Name
---------------	-----------	------

Report Covering the Period:

From:

Page 2

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		0.00
	(b) Cash on Hand at Beginning of Reporting Period	000	
	(c) Total Receipts (from Line 19)	000	000
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	000	000
7 .	Total Disbursements (from Line 31)	000	
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	000	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	000	
10	. Debts and Obligations Owed BY the Committee (Itemize all on		

For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

2016:00:19:08:00067988

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Re	eport Covering the Period: From:	01 01	2016	То:	03	31	2016
	I. Receipts	T	COLUMN A otal This Period			COLUMN ndar Year-	
11.	Contributions (other than loans) From:						
	(a) Individuals/Persons Other						
	Than Political Committees	Securitaria de la constanta de			STREET,	end combounder	000
	(i) Itemized (use Schedule A)	Brown Street Street Vision		Į.		mskurdera (iz	
	(ii) Unitemized		000	. 1			ົ້ດດດ
	(iii) TOTAL (add	Bereikernikari kuni Bangariyang		E	andra Arcille na gan ganga	and an extensive street	The second
	Lines 11(a)(i) and (ii)▶	James and and the	000!	2000	er er Sanne Sen af 1 de		
		the standard			and the second	arellacinchare of a	
	(b) Political Party Committees	in and a surface of the second	UUU!	1	meritarik mella		UUU :
	(such as PACs)		000	1			000
	(d) Total Contributions (add Lines	in market and the second	and the state of t	E.	and a street the second	nationalisms in	
	11(a)(iii), (b), and (c)) (Carry	g Garantistras Strats Scrawn		. 2	manifurnik erreise	antisenthundi.	000
	Totals to Line 33, page 5)				and and welle		
12.	Transfers From Affiliated/Other Party Committees	A STATE OF THE PARTY OF THE PAR	nnn i		an alamatija onliko	milysensi namen	በበበ
	ary committees	Terral mark to 12 hours	ing diametric de la company de	8		ordensilos (1).	nagamayana paninang
13.	All Loans Received	10h	0.00	in the second			000
			hadankankankankani menengan		ระหญ่นราชโดนเทียน ระหวานการสมการ		
14.	Loan Repayments Received	and the second	, , , , 000		markerski mali le		000
15.	Offsets To Operating Expenditures			15			
	(Refunds, Rebates, etc.)	Experience in profession of the control of the profession of the control of the c	000	1	erwither silentific	enellingentannenlen	ሰሰስ
16.	(Carry Totals to Line 37, page 5) Refunds of Contributions Made	Servitored and the		8	mer land and the	en lassel en fils	
	to Federal Candidates and Other	ร้างกระโรกระเกิดสากกโลเกา	inemolecan/formis/tenal/resealtmass/second	9	ermellanelle arribu	म्या <u>तिकास्य स्थितकाः स्थित</u>	not mentile constructed arms?
	Political Committees			Š			000
17. ,	Other Federal Receipts		land make an inner because the				
10	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	Land American Description	000	25,000	and and adding	edaseka (1)	
10.	(a) Non-Federal Account		Samuel and the second second second second	5	kanasikanaskanasika		
	(from Schedule H3)		000	100		·	000
		fermilian densities	terme transferre termeter est transferre est green perce principalmenter est	9			adirecedionidi benderoni regin enpening aanderonid
	(b) Levin Funds (from Schedule H5)	E T		2000			000
		in the second se		8			
	(c) Total Transfers (add 18(a) and 18(b))		UUU	2575024	and and the		000.
					•		
19.	Total Receipts (add Lines 11(d),	President statement and an analysis	personal company and the second process of t	,,,,		state of the first of the state	nologia decimalem allem als
	12, 13, 14, 15, 16, 17, and 18(c))▶		nnn	i de la composition della comp	- Ni	. M	กกก
		Orese Town of Street		1	cardinadihadila	milional madelin	
20.	Total Federal Receipts	San Swam Barrathrana	VVV		nand named in	enellenentlenentlen	
	(subtract Line 18(c) from Line 19)▶	Paralla submid Danie	UUU		Corrella	mallocardens d ² les	

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

COLUMN A **COLUMN B** II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 Federal Share distance of 0.00 0.00 (ii) Non-Federal Share (b) Other Federal Operating 0.00 0.00 Expenditures (c) Total Operating Expenditures 0.00 0.00 (add 21(a)(i), (a)(ii), and (b)) 22. Transfers to Affiliated/Other Party 0.00 0.00 A STATE OF THE PARTY OF THE PAR 0.00 0.00 24. Independent Expenditures 0.00 0.00 0.00 O.OÖ 0.000.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made...... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 0.00 Than Political Committees of the second 0.00 0.00 (b) Political Party Committees ... (c) Other Political Committees 0.000.00 (such as PACs)..... (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c))...........▶ 0.000.00 29. Other Disbursements 30. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add .. 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... ▶ 31. Total Disbursements (add Lines 21(c), 22, 0.0023, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 0.00 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 0.00 from Line 31).....

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page **5**

	•		
III	. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33 .	Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)		0.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)	Lice congrete schedule(s)	FOR LINE NUMBER: PAGE OF
TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statement for commercial purposes, other than using the name a		
NAME OF COMMITTEE (In Full)	or any pointed continuee	South Sommeration from addit Committee.
	s Applied Policy Strategies	
Full Name (Last, First, Middle Initial)		
L.		Date of Receipt
Mailing Address	-	
City State	e Zip Code	
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		0.00
Name of Employer Occup	ation	1
	gate Year-to-Date ▼]
Other (specify)	0.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MEM / DVD / PYTYTY
City State	e Zip Code	
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.		0.00
Name of Employer Occup	ation	1
	gate Year-to-Date ▼	1
Other (specify)	A 4	
		<u> </u>
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		1828 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
City State	e Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		0.00
Name of Employer Occup	ation	-
Receipt For: Aggre	gate Year-to-Date ▼	4
Dimen. O1	date ten pare A	
Sand (opening)		<u></u>
SUBTOTAL of Receipts This Page (optional)		0.00
TOTAL This Period (last page this line number only)	-	0.00

SCHEDULE B (FEC Form 3X)

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER:	PAGE	OF
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	heck only one)		
	Detailed Summary Page	21b	22 23		25 26
Any information penied from such Decade and Older	outo mou mat he salat an	27	28a 28b		29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)		• • • • • • • • • • • • • • • • • • • •			
Communit	ies Applied Policy Str	rategies			
Full Name (Lost First Atiddle Initial)					
Full Name (Last, First, Middle Initial)			Date of Disburs	sement	
••				rail / Laraal	רקיציקיי
Mailing Address .					
O'b.	Nata 7:- 0-1		1.000		
City	State Zip Code				
Purpose of Disbursement	1990	enz-inner-Granel			
				n Disbursement t	
Candidate Name		Category/	-	dambarahan berak	0.00
Office Sought: House Disbursem	pent For:	Туре		See See See See See See	
_	Primary General				
	Other (specify) ▼				
State: District:	· · · · · · · · · · · · · · · · · · ·				
Full Name (Last, First, Middle Initial)					
3.			Date of Disburs		
Mailing Address			MACHINI / LO	<u> 291</u> / <u>Lea</u>	₩ ₩
			lecond le		أستعا
City	State Zip Code				
Purpose of Disbursement					
. alpose of Dissaldemont		-,,,	Amount of Eacl	n Disbursement	his Period
Candidate Name	i.	Category/		Contraction Cont	
		Type			U. U U [
Office Sought: House Disburserr	Parties				
<u> </u>	Primary General Other (specify) ▼	-			
State: District:	omor (apooliy) ▼	-			
Full Name (Last, First, Middle Initial)			·		
.			Date of Disburs	sement	
Maritim Address			MANA / PO	80 / PV=V	~~~~
Mailing Address					
City	State Zip Code				
	·				
Purpose of Disbursement	F				
Candidate Name			Amount of Eacl	n Disbursement (his Period
		Category/ Type		a	0:00
Office Sought: House Disburser	nent For:		Emmilmodime(I)em	(mained) beatined	
	Primary General				
State: District:	Other (specify) ▼				
Giate. Diagrat.					
SUBTOTAL of Disbursements This Page (optional)			T.		0.00
			Commission ()		
TOTAL This Period (last page this line number only).			33	Second Second Second Second	0.00
				CONTRACT STREET	- ACCOUNTANT OF THE PERSONS AND ACCOUNTS

SCHEDULE	C	(FEC	Form	3X)
LOANS				

CHEDULE C (FEC Form 3X)		
OANS	Use separate schedule(s)	PAGE OF
	for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full) Communities Applied Policy	y Strategies	
LOAN SOURCE Full Name (Last, First, Middle Initial)	TE TE	lection:
		Primary
		General
Mailing Address	[]	Other (specify)
City State ZIP Coo	de	
Original Amount of Loan Cumulative Payment To		e Outstanding at Close of This Period
0.00	0.00	0.00
TERMS		
Date Incurred Date Due	Interest Rate	Secured:
		% (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	0: 0 0
	Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	October 19.	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount -	
City State ZIP Code	Guaranteed	
	Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
5.1,		
	7	
SUBTOTALS This Period This Page (optional)	• • • • • • • • • • • • • • • • • • •	0.00
TOTALS This Period (last page in this line only)		0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463 NAME OF COMMITTEE (In Full) **FEC IDENTIFICATION NUMBER** c 00570531 **Communities Applied Policy Strategies LENDING INSTITUTION (LENDER)** Amount of Loan Interest Rate (APR) Full Name Mailing Address Date Incurred or Established City State Zip Code Date Due A. Has loan been restructured? [If yes, date originally incurred B. If line of credit, Total Outstanding 000Amount of this Draw: Balance: C. Are other parties secondarily liable for the debt incurred? (Endorsers and guarantors must be reported on Schedule C.) What is the value of this collateral? Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? Yes If yes, specify: Does the lender have a perfected security interest in it? No E. Are any future contributions or future receipts of interest income, pledged as What is the estimated value? collateral for the loan? No Yes If yes, specify: Location of account: A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Address: Date account established: City, State, Zip: If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. G. COMMITTEE TREASURER DATE Typed Name Robert Martinez Signature Attach a signed copy of the loan agreement. TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. **AUTHORIZED REPRESENTATIVE** DATE Typed Name Signature

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans NAME OF COMMITTEE (In Full)

(Use separate schedule(s) FO for each numbered line)

PAGE OF
FOR LINE NUMBER:
(check only one)

Excluding Loans		r each pered line)	(check drily one)	10	
NAME OF COMMITTEE (In Fuli)					
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):	
Mailing Address					
City State	Zip Code				
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 0.00	Payment This Period 0.	00 <u> </u>		ng Balance at Close o	0.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	i	Nature of D	ebt (Purpose):	
Mailing Address					
City State	Zip Code				
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 0.00	Payment This Period	. 0 0		ng Balance at Close (0.00
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	:	Nature of D	ebt (Purpose):	
Mailing Address					
City	State Zip Code				
Outstanding Balance Beginning This Period Amount Incurred This Period	Payment This Period			ng Balance at Close	0.00
1) SUBTOTALS This Period This Page (optional)		>			0.00
2) TOTALS This Period (last page this line number	only)	>		on Town Committee of Decembers	0.00
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>			0.00
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page or	niy) ▶	1		0.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
	C 00570531
Check if 24-hour report 48-hour report New report Amends report filed on	an Lean Lassach
Full Name of Payee Date of	of Public Distribution/Dissemination
Mailing Address Amour	nt
City State Zip Code	000
Purpose of Evrenditure	of Disbursement or Obligation
Category/ Type	, 19.00) (19.00) (19.00)
Name of Federal Candidate Support Office Sought	t: District:
Oppose Preside	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought Other	t For: Primary General
Full Name of Payee Date of	of Public Distribution/Dissemination
- The state of the	, 1989 \ LANDON
Mailing Address Amour	nt
City State Zip Code	000
Date of	of Disbursement or Obligation
Purpose of Expenditure Category/ Type	
Name of Federal Candidate Support Office Sought	t: House District:
Oppose Preside	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbursement	
01	ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	000
(b) SUBTOTAL of Unitemized Independent Expenditures	000
(c) TOTAL Independent Expenditures	000
Under penalty of perjury I certify that the independent expenditures reported herein were not made in consistency with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	ooperation, consultation, or concert the reporting entity is not a political
Signature Date 04	15 (2016)

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) **Communities Applied Policy Strategies** Full Name of Subordinate Committee Has your committee been designated to make coordinated expenditures by a political party committee? YES NO If YES, name the designating committee: Mailing Address City State ZIP Code Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Type Date Zip Code City State Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: 0.00 Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: 0.00 Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date Zip Code Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: 0.00 Presidential Aggregate General Election Expenditure for this Candidate SUBTOTAL of Expenditures This Page (optional)..... TOTAL This Period (last page this line number only)...

PAGE

OF

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full) Communities Applied Policy Strategies
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees
Flat Minimum Federal Percentage
If the committee will allocate using the flat minimum percentage of 50% federal funds, check
If the committee is spending more than 50% federal funds, indicate ratio below
Federal %
Nonfederal
This ratio applies to (check all that apply):
Administrative Generic Voter Drive Public Communications Referencing Party Only

2016 - 04 - 19 - 05 - 00067.999

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE	OF	

NAME OF COMMITTEE (In Full) Communities Applied Policy Strategies			
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA' ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT		
Methods of allocation:			
 FUNDRAISING activities are allocated using the "funds received metre expenses must equal the federal proportion of monies raised. 	nod" where the federal pro	oportion of	
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommon where the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public common federal and nonfederal candidates, regardless of whether there is a reallocated using a time/space method.	t derived by federal cand junications or voter drives	idates from the ac- that refer to both	
ACTIVITY OR EVENT IDENTIFIER			
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %	
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %	
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	0%	0,%	
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	FEDERAL %	NONFEDERAL %	
New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER			
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %	
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %	
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %	

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SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE	OF		
COD LINE	10- OF	CODIA	01/

Communities Applied Policy Strategies					
NAME OF ACCOUNT	DATE OF RECEIPT	drugs	TOTAL AMOUNT TRANSFERRED 0.00		
BREAKDOWN OF TRANSFER RECEIVED	**************************************				
i) Total Administrative		i i	$\begin{array}{c} g_{0} = g_{0} =$		
ii) Generic Voter Drive			0.00 km market and market mark		
iii) Exempt Activities		3	0.00 g		
iv) Direct Fundraising (List Activity or Event	t Identifier)	•			
a)	Executive and have the matter of the cold the	0.00 §			
b)	Consider and Lines American Street (12 cm	0.00			
c) Total Amount Transferred For Direct Fu		*	0.00		
v) Direct Candidate Support (List Activity of					
a)	รัฐ เกิดของสาราชาชาตาสาราชาชาตาสาราชาชาตาสาราชาชาชาตาสาราชาชาชาชาชาชาชาชาชาชาชาชาชาชาชาชาชาช	0.00	·		
b)	be and translational Liveride and translational library	0.00			
c) Total Amount Transferred For Direct Ca					
vi) Public Communications Referring Only	to Party (Made by PAC)	R			
TOTALS	S FOR BREAKDOWN OF TRAN	SFER RECEIVED			
TOTAL This Period (Administrative)	Besenderen				
TOTAL This Period (Generic Voter Drive)		Smare Secret Draw Survey Survey	0.00 รู้ ปังจะสมัยของสัมษาที่สามารถสัมษาที่สื่		
TOTAL This Period (Exempt Activities)		Anna Anna Anna Anna Anna Anna Anna Anna			
TOTAL This Period (Direct Fundraising)		· Seembourforfles	O O O		
TOTAL This Period (Direct Candidate Support)			0.00 g		
TOTAL This Period (Public Communications Refer	rring Only to Party)	And the second s	0.00 f		
TOTAL This Period (Total Amount Transferred)		55	0.00 g		

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SCHEDULE H4 (FEC Form 3X) DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE		0	F		-
FOR I	LINE	21a	OF	FORM	зх

NA	ME OF COMMITTEE (In Full) Communities	Applied Pol	icy Strategic	es
A.	Full Name (Last, First, Middle Initial)	.==		Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address			Voter Drive Direct Candidate Support
	City State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	·	<u> </u>	Allocated Activity or Event Year-To-Date
				O. OO
	Activity or Event Identifier:		Category/ Type	Date
	FEDERAL SHARE +	NONFEDERAL	. –	= TOTAL AMOUNT
	0.00	en fan se fan se fan se fan se fan se mit Describer en Liveri I des	0.00	0.00
В.	Full Name (Last, First, Middle Initial)		-	Allocated Activity or Event:
	Mailing Address			Administrative Fundraising Exempt
	City State	Zip Code		Voter Drive Direct Candidate Support
	City	Zip Code		Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:			
	Activity or Event Identifier:	, <u>-</u> -	Category/	
			Туре	Date Date
	FEDERAL SHARE +	NONFEDERAL		TOTAL AMOUNT
<u>'</u>	0.00	end There is no side and Vice	0.00	0.00
C.	Full Name (Last, First, Middle Initial)			Allocated Activity or Event: Administrative Fundraising Exempt
•.	Mailing Address			Voter Drive Direct Candidate Support
	City State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		Encondamnations in	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			benedianelseed) be haveler Musilianismas benedianel
	Addition of Every administra		Category/ Type	Date / Date
	FEDERAL SHARE +	NONFEDERAL	_	= TOTAL AMOUNT
	0.00		0.00	0.00
SI	JBTOTAL of Allocated Federal and NonFederal Activity The	s Page		
	FEDERAL SHARE ###################################	NONFEDERAL	and an address of the last of	
		Same Desirable and Desirable		
TC	OTAL This Period (last page for each line only)(Federal sha FEDERAL SHARE	NONFEDERAL	SHARE	TOTAL AMOUNT
	0.00	and the state of the sale of t	0.00	0.00

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

	PAGE		OF				
Ì	FOR	LINE	18b	OF	FORM	3X	

NAME OF COMMITTEE (In Full) Communities Applied Policy Strategies				
NAME OF ACCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED 0.00	
BREAKDOWN OF THIS TRANSFER				
i) Voter Registration		VOTER REGISTR		
Total Amount Transferred for Voter	Registration	672	0.00	
73. At 1. 45	R. Toma Charles	CDown Committee	OTER ID	
ii) Voter ID Total Amount Transferred for Voter	ID		0.00	
· · · · · · · · · · · · · · · · · · ·		all and the control of the control o	GOTV	
iii) GOTV	,		0.00	
Total Amount Transferred for GOT\	<i>I</i>		U. U	
iv) Generic Campaign Activity		ديم!	GENERIC CAMPAIGN ACTIVITY	
Total Amount Transferred for Gene	ric Campaign Activity		0.00	
NAME OF ACCOUNT	DATE OF DECEME	 	TOTAL AMOUNT TO MARKET TO	
NAME OF ACCOUNT	DATE OF RECEIPT	\#3*\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	TOTAL AMOUNT TRANSFERRED	
			0.00	
PREAKDOWNI OF THIS TRANSFER				
BREAKDOWN OF THIS TRANSFER		VOTER REGISTR	NATION	
i) Voter Registration Total Amount Transferred for Voter	Registration 8	allementaries de servitaries	0.00	
Total Amount Transletted for Votes	riogistration	er i kom er er er er er er 17	OTER ID	
ii) Voter ID	Į.	- Carachar Carachar	0.00	
Total Amount Transferred for Voter	ID		C. C. C. F	
iii) GOTV			GOTV	
Total Amount Transferred for GOT	/		0.00	
iv) Generic Campaign Activity			GENERIC CAMPAIGN ACTIVITY	
Total Amount Transferred for Gene	ric Campaign Activity		0.00	
		ī.a		
TOTALS FOR BR	EAKDOWN OF TRANSFER	R RECEIVED (L	ast Page Only)	
TOTAL This Period (Voter Registration)			0.00	
TOTAL This Period (Voter ID)			0.00	
TOTAL This Period (GOTV)			0.00	
TOTAL This Period (Generic Campaign A	ctivity)		0.00	
TOTAL This Period (Total Amount of Tran	sfers Received)		0.00	

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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGI			OF		
FOR	LINE	30a	OF	FORM	3X

NAME OF COMMITTEE (In Full) Communities Applied Policy Strategie	NAME OF COMMITTEE (In Full) Communities Applied Policy Strategies				
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign				
Mailing Address	Allocated Activity or Event Year-To-Date 0.00				
City State Zip Code Purpose of Disbursement Category/	Mand \ Lozod \ Lozoz \				
Type FEDERAL SHARE + LEVIN SHARE	Date TOTAL AMOUNT				
	0.00				
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign				
Mailing Address City State Zip Code நக்கார்க்கோடி	Allocated Activity or Event Year-To-Date				
Purpose of Disbursement Category/	Date Date				
FEDERAL SHARE + LEVIN SHARE	0.00				
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign				
Mailing Address City State Zip Code green; sown; secure and sec	Allocated Activity or Event Year-To-Date				
Purpose of Disbursement Category/ Type					
FEDERAL SHARE + LEVIN SHARE	TOTAL AMOUNT 0.00				
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT				
0.00	0.00				
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to FEDERAL SHARE 0.00	to 30(a)(ii)) TOTAL AMOUNT 0.00				
TOTAL This Period for the Levin Share U. U. U. LEVIN SHARE 0. 0	Paramateur all the arthur allowed Transferring Constitution of				

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	NAME OF COMMITTEE (In Full) Communities Applied Policy Strategies						
NAM	NAME OF ACCOUNT						
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE				
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)	0.00	0.00				
	(b) Unitemized	0.00					
	(c) Total	0.00	o. 0 0				
2.	OTHER RECEIPTS	0.00					
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	0.00	0.00 d				
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)						
	(a) Voter Registration	0.000					
	(b) Voter ID	0.00	0.00				
		0.00 have a second sec	0.00 f				
	(d) Generic Campaign	Secretary Parent and Property and Company of the Company					
5.	OTHER DISBURSEMENTS	manufactural land land land and land land land lan	Considerable and Tenned and Tenned Te				
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	0.00	0.00				
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	books and continued to the state of the stat	0.00				
8.	RECEIPTS(from Line 3)	C. O O	การคระบานการการการการการการการการการการการการการก				
9.	SUBTOTAL(Add Lines 7 and 8)	0.00	0.00 f				
10.	DISBURSEMENTS(From Line 6)	0.00	0.00				
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)	0.00	0.00				

SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

PAGE OF Use separate schedule(s) for each category of the FOR LINE NUMBER: Aggregation Page (check only one) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Communities Applied Policy Strategies** Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt Mailing Address Amount of Each Receipt this Period City State Zip Code 0.00 Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation 0.00Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt B. Mailing Address Amount of Each Receipt this Period City Zip Code State Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation 0.00Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt C. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt D. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation 0.00 SUBTOTAL of Receipts This Page (optional).....

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TOTAL This Period (last page this line number only).....

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBER:	PAG	iE _	OF
(check only one)	 4a	4c	5
	4b	∐ 4d	

OF LEVIN FUNDS	Aggregation Page	4b4d
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and	may not be sold or used by any address of any political commi	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	es Applied Policy Strate	
Full Name (Last, First, Middle Initial) / Full Organization A.	Name	Date of Disbursement
Mailing Address		- Corol / Large Corol
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		0.00
Full Name (Last, First, Middle Initial) / Full Organization B.	Name	Date of Disbursement
Mailing Address		Man (Loso) (Landard)
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization C.	Name	Date of Disbursement
Mailing Address		Man \ Load \ Landara
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	<u> </u>	
Full Name (Last, First, Middle Initial) / Full Organization D .	Name	Date of Disbursement
Mailing Address		Man , Loso , Landard
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization E.	Name	Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
SUBTOTAL of Disbursements This Page (optional)		0.00
TOTAL This Period (last page this line number only)		0.00

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Date of Receipt or Postmarked Other (Specify): PREPARER (3/2015)